

## GUIDANCE NOTES

### Transvaginal Mesh Removal Reimbursement Scheme 2022: Application form and Guidance for Completion

The Scottish Government has announced a scheme to reimburse women who have paid for the removal of MESH out with the NHS in Scotland via the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Act 2022.

Affected women are able to apply for reimbursement of all costs associated with qualifying MESH Removal Surgery. These include but are not limited to Travel, Surgical Costs, Subsistence, Testing, Insurance and Visas. The main qualifying eligibility criteria are that:

- The removal was arranged by a body / individual other than the Health Board
- The individual was ordinarily resident in Scotland at either or both
  - a) The time the MESH removal surgery was arranged
  - b) The time of implantation of any of the mesh which it is the purpose of the mesh removal surgery to wholly or partially remove and,
- Surgery was arranged prior to the 3<sup>rd</sup> June 2022

Guidance notes on the application process are provided on the following pages. However, in general you should note the following points:

- The reimbursement scheme will run until the 6<sup>th</sup> December 2023. As such, all applications must be received by **6<sup>th</sup> December 2023**. No applications will be accepted and paid after this date.
- You may only apply once to the fund.
- Any payment received from this fund does not represent compensation for any perceived wrongdoing on the part of the NHS, health boards in Scotland nor any of their employees.

Should your application be successful, NHS National Services Scotland will contact you to request bank details, which will then be verified in order that payment can be made.

Please complete all sections below in order to ensure your application can be processed quickly.

Should an eligible patient be unable to complete an application form we will accept it completed on their behalf by someone who they have given authority to do so.

### HELP WITH THIS FORM

If you require any assistance in completing this form, please contact National Services Scotland on 0131 275 7799.

## Part 1A: Data Protection and Applicant's Declaration

Tick here to confirm that you understand that the data you have provided may be shared with NHS service providers and NHS Counter Fraud Services to ensure accurate and timely payment, and for the purposes of prevention, detection and investigation of crime:

**I agree** that the information I give on this form is complete and correct.

**I agree** to repay any money I receive to which it is found that I am no longer entitled.

**I understand** if I knowingly give wrong or incomplete information I may be subject to court proceedings.

**I understand** that NHS National Services Scotland may require to access data held on me by other NHS Health Boards in order to reach a decision regarding my application.

**I understand** that any payment received as a result of this application does not represent compensation for any perceived wrongdoing on the part of the NHS.

**I understand** that any payment received as a result of this application is a one-off payment, and that I cannot make repeated applications to this fund.

Signature of Applicant:

Date:

*Payments in consequence of personal injury usually have no effect on benefits for a period of 12 months after payment. This can be longer if payments are put into a trust. If you are receiving benefits and are unlikely to use the support payment within 12 months, you may wish to seek independent financial advice.*

### **HOW WE USE YOUR INFORMATION**

Under the Data Protection Act 2018, we have a duty to protect personal health information. This information is securely held, closely monitored and managed according to strict guidelines. Access to personal information is only given on a strict need to know basis and there are formal authorisation processes in place to gain access to the data. We only collect essential personal information required to process applications and make payments under the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Act 2022. This includes:

a) Your demographic information, marital status and CHI number (this is a national database of all patients with NHS Scotland, which ensures correct identification of patients). b) Details of your healthcare providers and the care you have received. c) Bank account details

We have an obligation to report on the progress of the scheme to the Scottish Government but this will be in the form of a high level summary with all personally identifiable data removed. It should be noted however that as surgery will have been undertaken out with NHS Scotland we will have difficulty obtaining any patient identifiable data to assist in the claim.

Information can be found on the Practitioner Services Data protection Notice published on the NSS website.

<https://nhsnss.org/services/practitioner/data-protection>

## Part 1B: Authorising a Representative

If you would like someone, such as a close relative or carer, to act on your behalf in liaising with the scheme about any applications or payments for you, please provide their details below.

If you do not wish to appoint a representative, please move to the next section.

If you provide details of a representative, then you are providing us with consent to discuss your applications and payments with them directly and authorising them to act on your behalf.

Title:

First Name:

Middle  
Name(s):

Surname:

Home  
Telephone:

Mobile:

Email Address:

Relationship:

### SECTION 3 SIGNATURE OF BENEFICIARY

Please sign below to confirm the details and preference provided on this form:

Name:  Date:

Signature of Beneficiary:

Please note – if the beneficiary is unable to sign themselves due to serious illness or disability, please get in touch with us directly if you wish to act on their behalf – we may need to do some verification checks before we update our records.

## Part 2: Applicant Details

Title:

First Name:

Middle  
Name(s):

Surname:

Former Names:

Date of Birth:

CHI Number:

Address:

Post Code:

Home  
Telephone:

Mobile:

Email Address:

### **Part 3: Transvaginal Mesh Removal Surgery Evidence**

You are asked to provide evidence that you have previously had surgery to remove Transvaginal Mesh as per the scheme eligibility criteria referenced above on page 1.

The evidence you provide needs to state the date the surgery was arranged, the date the surgery took place, the hospital where the surgery took place and the surgeon who carried out the surgery.

Should you be unable to provide sufficient verifiable evidence, regrettably we will be unable to process any claim as we are unable to obtain this information on your behalf as it is out with the remit of NHS Scotland.

### **Part 4: Reimbursement Categories & Amounts**

The table below sets out the summary headings where you can specify the costs you have incurred against each individual category. The corresponding receipts or proof of payment must be provided to confirm all values claimed; acceptable sources would include bank statements or email confirmations of charges.

Notes on completion of the costs section below:

The MESH reimbursement scheme document contains a detailed breakdown of the various eligibility criteria for submitting claims that can be used to assist in your completion of the section below. This document is available via the website ([here](#)) or if required, a physical copy can be provided for you.

Please try to ensure that all receipts are provided and that all those receipts provided have a corresponding entry below as this will allow for a quicker reconciliation of the reimbursement required and therefore facilitate a swifter payment to be made.

If you have previously received alternative funding towards the cost of surgery or travel, for example, via an online donations page or Crowd Funding initiative this must be declared and evidenced.

If the costs incurred were in US dollars or another currency please note this and we will convert to the equivalent GBP £ amount based on the exchange rate at the date the costs were incurred.

## Part 5: Claim Details

Reimbursement Categories	Sub Category	Cost (£/\$)
1) Surgery	a) Direct Surgery Costs	
2) Travel	a) Flights - Economy	
	b) Train Fare - Economy	
	c) Car Hire	
	d) Mileage for Own / Hire Car (£0.45 per Mile)	
3) Accommodation	a) Standard Room	
4) Subsistence	a) Daily Rate - If no receipts (£70 or \$110 - per day)	
	b) Specific Costs	
5) Other Costs Surgery (Cost of treatment for complications arising directly from the Removal Surgery)	a) Subsequent Treatment - In Country of Operation	
	b) Subsequent Treatment - Additional Travel	
	c) Subsequent Treatment - Additional Accommodation	
	d) Subsequent Treatment - Additional Subsistence	
6) Other Costs pre and post Operative Appointments	a) Related Appointment Costs	
	b) Related Appointment Travel	
	c) Related Appointment Accommodation	
	d) Related Appointment Subsistence	
7) COVID Testing & Isolation	a) COVID tests	
	b) Isolation Related Costs	
8) Visa	a) Visa or approved Travel Document	
9) Insurance	a) Travel Insurance Costs	
10) Loan Interest	a) Loan interest associated with covering surgery	
11) Other Costs	a)	
	b)	
	c)	
	d)	

12) External Funding Received	a) Public Fundraising / Crowdfunding	
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Thank you for completing this form. The form and all supporting documents must be sent directly to National Service Scotland at:

National Services Scotland  
Practitioner Services - MESH Fund  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB